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FROM : Gregory S. Smith
Faxing DATE: September 12, 2005
LAVA GROUP FILE #: 06001.1070

SUBJECT: Application Serial No 10/517,351 Filed December 8, 2004

Attention PAULETTE R KIDWELL

This Transmission Includes the Following Items

Item being transmitted	Pages
<input checked="" type="checkbox"/> Transmittal	1
<input checked="" type="checkbox"/> Fee Transmittal	1
<input checked="" type="checkbox"/> PTO 2038 Credit Card Authorization	1
<input checked="" type="checkbox"/> Response	2
<input checked="" type="checkbox"/> Copy of USPTO Notice	2
Total Pages Including Cover Sheet	8

COMMENTS:

The PTO did not receive the following
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TWO RAVINIA DRIVE, SUITE 790
ATLANTA, GEORGIA 30346

TELEPHONE: 770-804-9070
FACSIMILE: 770-804-0900

MOBILE: 404-643-3430
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number	10/517,351
Filing Date	December 8, 2004
First Named Inventor	SHAPIRA, Ya'el
Art Unit	2661
Examiner Name	

Attorney Docket Number

06001.1070

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Credit Card Authorization Form <input type="checkbox"/> Copy of USPTO Notice
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Smith Frowhwein Tempel Greenlee Blaha, LLC		
Signature			
Printed name	Gregory Scott Smith		
Date	September 12, 2005	Reg. No.	40,819

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Gregory Scott Smith	Date	Sep. 12, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket Number: 06001.1070
Customer Number: 35856

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 12 2005

Commissioner for Patents
P.O. Box 1450
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RESPONSE TO NOTICE TO FILE MISSING PARTS MAILED ON JULY 12, 2005

To the Office:

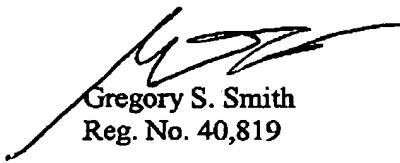
We are in receipt of a Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office which was mailed on July 12, 2005. In the original filing, an outdated Fee Transmittal Sheet was used which resulted in a miscalculation of the required fees. The fees paid at filing totaled \$498.00. The actual fees should have been \$675. Thus, the applicant submits the balance of \$175. The notice from the Office indicates that only \$175 is due, however, based on our calculations, the

Attorney Docket Number: 06001.1070
Customer Number: 35856

actual value should be \$177. A credit card authorization along with a corrected Fee Transmittal sheet and the Office's notice is submitted herewith.

If you have any questions, please do not hesitate to contact the undersigned at (770) 804-9070.

Respectfully submitted



Gregory S. Smith
Reg. No. 40,819

SEP 12 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 177.00 remaining balance of 675.00 Total Fees)

Complete If Known

Application Number	10/517,351
Filing Date	December 8, 2004
First Named Inventor	SHAPIRA, Yair
Examiner Name	
Art Unit	2661
Attorney Docket No.	06001.1070

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3479 Deposit Account Name: Smith Frohwein Tempel Gre
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	500
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
27	- 20 or HP = 7	x 25	= 175

Multiple Dependent Claims**Fee (\$)**

Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 01/2008	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

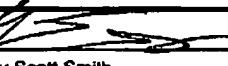
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)**SUBMITTED BY**

Signature		Registration No. 40,819 (Attorney/Agent)	Telephone (770) 804-9070
Name (Print/Type)	Gregory Scott Smith		
	Date Sep. 12, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/517,351	Yair Shapira	06001.1070
INTERNATIONAL APPLICATION NO.		
PCT/IL03/00491		
35856 SMITH FROHWEIN TEMPEL GREENLEE BLAHA, LLC P.O. BOX 88148 ATLANTA, GA 30356	I.A. FILING DATE	PRIORITY DATE
	06/11/2003	06/14/2002

CONFIRMATION NO. 6871
371 FORMALITIES LETTER


 OC000000015473273

Date Mailed: 07/12/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 12/08/2004
- Copy of the International Search Report filed on 12/08/2004
- Oath or Declaration filed on 12/08/2004
- U.S. Basic National Fees filed on 12/08/2004
- Assignment filed on 12/08/2004
- Priority Documents filed on 12/08/2004

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of \$175 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$175 for a Small Entity:

- Total additional claim fee(s) for this application is \$ 175
 - \$175 for 7 total claims over 20.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION.

Page 2 of 2

WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

A copy of this notice MUST be returned with the response.

PAULETTE R KIDWELL

Telephone: (703) 308-9140 EXT 216

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/517,351	PCT/IL03/00491	06001.1070

FORM PCT/DO/EO/923 (371 Formalities Notice)

SEP 12 2005

PTO/SB/17 (12-04/2)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEES TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 177.00 remaining balance of 675.00 Total Fees)

Complete If Known

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Filing Date	December 8, 2004
First Named Inventor	SHAPIRA, Yair
Examiner Name	
Art Unit	2661
Attorney Docket No.	06001.1070

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-3479 Deposit Account Name: Smith Frohwein Tempel Gre

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
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Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
27	- 20 or HP = 7	x 25	= 175	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

Indep. Claims Extra Claims Fee (\$)

3 - 3 or HP = 01/2008 x 0 = 0 Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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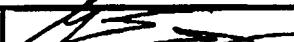
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone (770) 804-9070
Signature		40,819	Date Sep. 12, 2005

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